Government Benefit Access After Military Service: Healthcare Affordability and Post-Service Support Among U.S. Veterans

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Abstract

This study investigates the availability, affordability, accessibility, and utilization of U.S. government-supported benefits among veterans following military service. A structured review of peer-reviewed literature, systematic reviews, and authoritative government sources was conducted to examine major patterns in post-service support. The findings indicate that government programs can substantially reduce financial barriers through low-cost or subsidized healthcare, prescription medications, disability compensation, education assistance, housing programs, and vocational services. However, the level of financial protection varies according to eligibility, disability status, income, type of service, and access to VA or authorized community care. The review further indicates that the availability of benefits does not necessarily result in actual utilization, as veterans may encounter barriers involving awareness, enrollment, geographic access, transportation, and healthcare navigation. Overall, the study highlights government-supported benefits as important economic and social resources for veterans and emphasizes the need to strengthen the transition from benefit availability to actual benefit utilization to promote equitable access to post-service healthcare and support.

Keywords: Veterans; Veteran Healthcare; Government Benefits; Healthcare Affordability; Healthcare Access; Benefit Utilization; Military-to-Civilian Transition; Veterans Affairs; Post-Service Support; Veteran Reintegration

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Background of The Study

The transition from military service to civilian life involves significant changes in healthcare, employment, income, education, housing, and social support. Veterans must often navigate these changes while adapting to civilian systems and determining which government programs are available to them. The U.S. Department of Veterans Affairs (VA) provides a wide range of benefits, including healthcare, disability compensation, education, housing, employment, and rehabilitation services to support veterans after military service. Research on veteran reintegration has shown that post-service needs vary across health, employment, financial, and social domains, making access to

appropriate support important for successful civilian transition (Vogt et al., 2018; Perkins et al., 2019).

Although substantial government resources are available, benefit availability does not necessarily result in benefit utilization. VA data involving more than 4.4 million veterans who transitioned from military service between fiscal years 2005 and 2020 found that approximately 75% received at least one VA benefit or service within two years of separation. This finding indicates that access to government-supported resources is not universal and raises questions about awareness, eligibility, enrollment, and other factors that influence benefit utilization after military service.

Healthcare is particularly important because veterans may require continuing medical, mental health, medication, and rehabilitation services after separation. Kehle et al. (2011) found that interventions designed to improve veterans' healthcare access can increase utilization, while other research indicates that socioeconomic conditions, geographic factors, and healthcare-system characteristics can influence the use of VA services. These findings suggest that the effectiveness of government healthcare support depends not only on the existence of services but also on whether veterans can practically access them.

The financial dimension is equally important. Government-supported healthcare and other veteran benefits can reduce the amount veterans must personally pay for essential services. For example, eligible veterans may receive healthcare with low or no copayments, reduced-cost medications, disability compensation, education assistance, housing support, and vocational services. However, financial protection varies according to eligibility, disability status, priority group, income, type of service, and whether care is provided through the VA or outside the system. Thus, some veterans may experience substantial financial protection while others may encounter greater costs for specialized, prolonged, or non-VA services.

The literature therefore suggests an important distinction between benefit availability and practical benefit access. A government benefit has economic value only when veterans are able to identify, qualify for, enroll in, and utilize the resource. Barriers involving awareness, eligibility, geographic access, transportation, administrative processes, and financial circumstances may reduce the practical value of available benefits.

Despite extensive research on veteran healthcare, transition, and individual VA programs, these areas are often examined separately. Less attention has been given to how government-supported benefits collectively function as post-service economic and healthcare resources, particularly in terms of affordability and actual utilization. This study therefore reviews the literature on government-supported veteran benefits following military service, focusing on healthcare access, affordability, government financial support, and benefit utilization. It further examines how these resources may reduce financial barriers and support veterans during the transition to civilian life.

2. Methodology

This study employs a structured review of literature to examine how U.S. government-supported benefits assist veterans following military service, with particular attention to healthcare access, affordability, benefit utilization, and post-service transition. Relevant literature was reviewed from PubMed, Google Scholar, Scopus, Web of Science, and other reputable academic and government sources, using keywords such as veteran benefits, veterans' healthcare, benefit utilization, healthcare access, healthcare affordability, military transition, post-service benefits, and veteran reintegration. Relevant studies, systematic reviews, government reports, and authoritative publications were selected based on their relevance to the research objectives. Key information was extracted and organized into thematic categories, including government benefits, healthcare costs, accessibility, benefit awareness, utilization, and barriers to post-service support. The findings were synthesized to identify common patterns, differences, emerging issues, and gaps concerning the ability of veterans to access and benefit from government-supported resources. The review also considers Indiana as a contextual setting within the broader U.S. veteran population. Potential limitations include differences in study populations, geographic settings, benefit eligibility, and the availability of evidence across specific veteran programs.

3. Results and Discussion

The review of literature on government-supported veteran benefits revealed that the U.S. government provides a broad range of healthcare, financial, educational, housing, and employment resources to assist veterans following military service. These benefits can substantially reduce the financial burden of essential services, particularly for eligible veterans who may have limited income or service-connected health needs. VA healthcare, prescription assistance, disability compensation, education benefits, housing programs, and vocational services demonstrate how government resources can be converted into practical support during the transition to civilian life.

Highly Affordable / High Government Support. Table 1 shows major government-supported benefits available to veterans after military service, including VA healthcare, prescription medications, disability compensation, education, housing, and vocational assistance. Eligible veterans may pay as little as $15 for primary care, $5–$11 for many 30-day prescription supplies, while qualifying veterans may receive certain services without copayments. Disability compensation provides direct monthly financial assistance, while the Post-9/11 GI Bill and VA home-loan program reduce major education and housing expenses. VA healthcare copay rates VA disability compensation rates

Table 1. Tier 1 — Highly Affordable / High Government Support

Government Benefit	What the Veteran Receives	Cost / Financial Support	Post-Service Value
VA Primary Care	Primary and preventive healthcare	$15/visit where applicable; some veterans are exempt	Reduces routine healthcare expenses
VA Mental Health Services	Mental health and substance-use treatment	$0 for qualifying services in applicable circumstances	Supports mental and behavioral health
VA Prescription Medications	Prescription drugs	$5–$11 per 30-day supply for medication tiers 1–3; some veterans pay $0	Reduces recurring medication costs
Disability Compensation	Monthly compensation for service-connected disabilities	$180.42/month at 10% disability, increasing with rating	Provides continuing financial support
Beneficiary Travel	Travel reimbursement for qualifying VA healthcare	$0.415/mile for qualifying travel	Reduces transportation barriers
Post-9/11 GI Bill	Tuition, housing, books, and training support	Government-funded according to eligibility and benefit percentage	Supports education and career transition
VA Home Loan	VA-backed mortgage financing	Generally no down payment and no monthly mortgage insurance	Supports housing and asset building
Veteran Readiness & Employment (VR&E)	Education, training, employment, and independent-living assistance	Government-supported for eligible veterans	Supports employment and independence

These benefits can reduce financial barriers during the transition to civilian life. Research indicates that healthcare access and benefit utilization are influenced by socioeconomic conditions, awareness, and other barriers (Kehle et al., 2011; Hanchate et al.). However, eligibility and enrollment requirements mean that not all veterans receive the same level of support. Perkins et al. emphasized the importance of connecting veterans with appropriate transition resources.

Overall, Tier 1 benefits demonstrate how government assistance can make essential healthcare and other post-service resources more affordable. However, their value

depends not only on the benefit provided but also on the veteran's awareness, eligibility, access, and actual utilization.

Table 2. Tier 2 — Moderate Cost / Substantial Government Support

Government Benefit	What the Veteran Receives	Cost / Financial Support	Post-Service Value
VA Specialty Care	Specialist consultations and treatment	$50/visit where applicable	Provides access to specialized medical services
VA Urgent Care	Treatment for minor illnesses and injuries	Priority Groups 1–5: $0 for first 3 visits; $30 thereafter	Provides relatively low-cost acute care
Community Care	Authorized care from non-VA providers	VA may cover authorized services	Expands access when VA services are unavailable
GI Bill Housing Allowance	Monthly housing assistance during education	Amount varies by location and enrollment	Helps veterans manage living expenses
Employment Services	Career counseling, job search, and training	Generally government-supported	Facilitates civilian employment
Rehabilitation Services	Physical, occupational, and related rehabilitation	Varies according to eligibility and service	Supports recovery and independence

Moderate Cost / Substantial Government Support. Table 2 shows government-supported veteran services that provide important assistance but may involve moderate costs, eligibility requirements, or cost-sharing. These include VA specialty care, urgent care, authorized community care, rehabilitation, employment assistance, and education-related housing support. For example, eligible veterans may pay $50 for specialty care, while urgent care can be $0 for the first three visits and $30 thereafter for certain priority groups. Community Care can also allow veterans to receive services from non-VA providers when authorized by the VA. VA healthcare copay rates

These services remain financially supported by the government, but the level of assistance depends on the veteran's eligibility, priority group, authorization, location, and type of service. Kehle et al. (2011) found that geographic and access barriers can affect veterans' use of healthcare, while research by Hanchate et al. indicates that socioeconomic and healthcare-system conditions also influence VA healthcare utilization. Thus, Tier 2 benefits provide an important middle level of government support: they can reduce costs and expand access, but veterans may still encounter financial or administrative barriers.

Overall, Tier 2 demonstrates that government assistance can improve access without necessarily eliminating all costs. This is important to the study because veterans who

cannot fully afford private healthcare may still obtain needed services through government-supported programs, provided they meet the relevant eligibility and authorization requirements.

Table 3. Tier 3 — Higher Financial Burden / Greater Potential Cost

Healthcare/Service	What the Veteran May Receive	Potential Cost	Post-Service Concern
VA Inpatient Care – Higher Rate	Hospitalization	$1,736 + $10/day for the first 90 days for applicable veterans	Greater financial burden
Long-Term Inpatient Care	Extended nursing/long-term care	Up to $97/day, depending on circumstances	Can become costly over extended periods
Private/Non-VA Healthcare	Healthcare outside the VA system	Variable; deductibles, copays, and out-of-pocket expenses may apply	Potential financial barrier
Private Dental Care	Dental treatment when VA eligibility does not apply	Market-based / variable	May require private payment or insurance
Non-Authorized Specialized Care	Specialized treatment outside covered VA pathways	Potentially substantial	Coverage and authorization become critical
Extended Specialty Treatment	Repeated or complex medical services	Variable	Costs may accumulate over time

Higher Financial Burden / Greater Potential Cost. Table 3 shows veteran healthcare services that may create a higher financial burden when government coverage is limited, eligibility requirements are not met, or care is prolonged. These include inpatient care, long-term care, private or non-VA healthcare, private dental services, and specialized treatment outside authorized VA services. For certain veterans subject to the applicable VA copay structure, inpatient care can reach $1,736 plus $10 per day, while long-term inpatient care can reach up to $97 per day. VA 2026 healthcare copay rates

The higher costs associated with these services demonstrate that government support does not eliminate every financial barrier. Veterans requiring extended hospitalization, long-term care, or services outside the VA system may face greater expenses depending on their eligibility, insurance, income, and authorization status. This is particularly important for veterans with complex or long-term healthcare needs, for whom repeated costs can accumulate over time.

The literature on VA and non-VA healthcare also suggests that cost and access are not always equivalent. Apaydin et al. (2023), in a systematic review comparing VA and non-VA healthcare, found that VA care generally performed comparably or better on several quality and safety measures, while evidence concerning cost and efficiency was more limited. This indicates that although government-supported healthcare can provide substantial financial protection, gaps may remain when veterans require services beyond what their benefits cover.

Overall, Tier 3 highlights the financial vulnerability that can occur after military service. Government programs may substantially reduce the cost of healthcare, but veterans who require expensive, prolonged, specialized, or non-VA services may still face financial challenges. This supports the central argument of the study: the effectiveness of veteran benefits depends not only on the existence of government assistance, but also on whether that assistance is sufficient, accessible, and actually utilized when higher-cost needs arise.

Government Support and Post-Service Affordability. The three areas demonstrate a continuum of government support following military service. Essential benefits such as VA healthcare, medications, disability compensation, education, and housing assistance provide substantial financial protection for eligible veterans. Services involving shared costs or additional authorization provide continued government support but may require greater personal or administrative responsibility. Higher-cost and extended healthcare needs, particularly those involving prolonged hospitalization, long-term care, or services outside VA coverage, may expose veterans to greater financial burdens. Taken together, the findings indicate that government assistance can substantially improve affordability, but the level of protection varies according to the type of service, eligibility, and extent of government coverage.

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4. Conclusion

In conclusion, government-supported veteran benefits play an important role in reducing the financial and social challenges associated with the transition from military service to civilian life. The review shows that benefits such as VA healthcare, prescription assistance, disability compensation, education, housing, and employment support can provide substantial financial protection for eligible veterans, while shared-cost and higher-cost services may continue to create financial and accessibility challenges. The findings further indicate that the value of these benefits depends not only on their availability but also on veterans' awareness, eligibility, enrollment, accessibility, and actual utilization. Strengthening benefit communication, transition assistance, healthcare navigation, and coordination of government services may therefore help ensure that veterans can fully access the resources provided in recognition of their military service.

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